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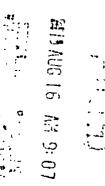
(Requestor's Name)
(Address)
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V SULKER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Company Le	C C Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Sayie Pe	Bra Ha	
	D& Compa	ny,LLC	
	,	Firm/Company	
	7458 NW 1	78th Ter	
		Address	
	Miami Lakes ; F	L 33015	
	E-mail address: (to	al Ogmoil Com be used for future annual report notifi	cation)
For further information con	cerning this matter, please cal	1:	
Sayie Per	alta	at (<u>LJU 7</u>) 738 - Area Code Daytime	2897
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ` TO ARTICLES OF ORGANIZATION OF

D& Company, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1900097237</u> .	y were filed on <u>04 /08 /201</u>	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name tof them
Name of New Registered Agent:		***
New Registered Office Address:	Enter Florida street address	
	Florida	
	Cuy	Zıp Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag	gree to act in this capacity. I further	agree to comply with .

If Changing Registered Agent. Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dariceli Heredia	7458 NW 178 ter, Mami Lakes,	🗹 Add
		FL, 33015	Remove
			Change
			🗖 Add
			Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change
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			Change
·			□ Add
			_□ Remove
			_□ Change

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	tive date if other than the date of filing:
E. Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
(If an el	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
uoc ui	nent serietive date on the preparation of blane a series
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The	e 90th day after the record is filed.
(-)	
Dated	·
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member of
	Typed or printed name of signee
	Typed or printed name of signee

D. If amending any other information, enter change(s) here. (Mater teams) and the state of the s

Page 3 of 3

Filing Fee: \$25.00